

WMATC Carrier No. _____

**ANNUAL CARRIER REPORT TO THE
WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
FOR 2005/2006**

PLEASE NOTE:

- * You must file a completed annual report on or before **January 31, 2006**.
- * You must pay a late fee of **\$100** if you do not file a complete report on time.
- * Your operating authority will stand automatically suspended if you have not filed a complete annual report, and paid any late fee that may be due, on or before **May 2, 2006**.

1. ANNUAL REPORT OF:

Name of Carrier (as shown on your certificate of authority)

Street Address of Principal Place of Business

Mailing Address if Different from Street Address

Telephone Number

Fax Number

2. CARRIER CONTACT PERSON (at mailing address above):

Name

Title

Telephone Number

Fax Number

email address

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS
(Complete **ONLY** if Street Address Above is **OUTSIDE** the Metropolitan District):

Name of Registered Agent for Service of Process

Street Address

Telephone Number

Fax Number

4. **CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or, if no annual report was due prior to this year, after your certificate of authority was issued. If no changes are entered below, carrier certifies that no such changes have occurred.

5. **LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS** (attach additional sheets as necessary but include all required information):

<u>Vehicle Number</u>	<u>Serial Number (VIN)</u>	<u>Year</u>	<u>Make</u>	<u>License Number</u>	<u>State Registered</u>	<u>Seating Capacity</u>
---------------------------	----------------------------	-------------	-------------	---------------------------	-----------------------------	-----------------------------

6. **CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Signature

Name (Type or Print)

Title

Date